

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004523

FILED
Apr 05, 2012
Secretary of State

Entity Name: THE TEARS FOUNDATION, INC.

Current Principal Place of Business:

11102 SUNRISE BLVD E #102
PUYALLUP, WA 98374

New Principal Place of Business:

Current Mailing Address:

11102 SUNRISE BLVD E #102
PUYALLUP, WA 98374

New Mailing Address:

FEI Number: 45-0500497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENHUT, NATALIE
4721 HIDDEN LAKE DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C
Name: SLACK, SARAH
Address: 11102 SUNRISE BLVD E #102
City-St-Zip: PUYALLUP, WA 98374

Title: P
Name: MUNOZ, TONY
Address: 4617 6TH AVE
City-St-Zip: TACOMA, WA 98406

Title: VP
Name: KRATTLI, DARREN
Address: 3837 SO 8TH ST
City-St-Zip: TACOMA, WA 98405

Title: G
Name: O'REILLY, ELIZABETH
Address: 3206 N 29TH
City-St-Zip: TACOMA, WA 98407

Title: T/S
Name: GRAHAM, MARLENE
Address: 29215 39TH AVE S
City-St-Zip: ROY, WA 98580

Title: G
Name: GRAHAM, CHUCK
Address: 29215 39TH AVE S
City-St-Zip: ROY, WA 98580

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH E. SLACK

C

04/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date